FINAL REPORT

EVIDENCE-BASED CORRECTIONAL PROGRAM CHECKLIST-
GROUP ASSESSMENT 2.0
(CPC-GA)

Passages ADT - MRT

1001 S. 27th St., Billings, MT 59101

Moral Reconation Therapy (MRT)

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INTRODUCTION

Research in the field of corrections suggests that cognitive-behavioral and social learning models of treatment for offenders are associated with considerable reductions in recidivism, whereas more "traditional approaches" (e.g., incarceration, boot camps, 12-step programs) are not (Gendreau, 1996; Smith, Goggin and Gendreau, 2002). ADT's House Moral Reconation Therapy (MRT) groups are being assessed using the Evidence-Based Correctional Program Checklist-Group Assessment (CPC-GA). The objective of this assessment is to conduct a detailed review of the MRT groups at this location and to compare them to best practices within the juvenile/criminal justice and correctional treatment literature. The following report provides a summary of the program, procedures used to assess the program, and CPC-GA findings with recommendations aimed at increasing the effectiveness of the MRT groups.

This CPC-GA was conducted as part of a training initiative in which one staff from Department of Corrections and one staff member from Self Worth Counseling conducted this assessment with the assistance of a University of Cincinnati Corrections Institute (UCCI) certified CPC Master Trainer and Assessor. As such, this assessment is one that was conducted in a training context.

CPC-GA BACKGROUND AND PROCESS

The Evidence-Based Correctional Program Checklist – Group Assessment (CPC-GA) is a program evaluation tool developed by the University of Cincinnati Corrections Institute (UCCI)[i] for assessing limited scope treatment programs and stand-alone treatment groups offered to justice involved participants. Examples of programs and groups appropriate for CPC-GA assessment include an outpatient service targeting one need area (e.g., outpatient substance abuse treatment), a program that only offers case management or individual services, a single service at an agency or facility that offers a variety services, or a stand-alone group like Cognitive Behavioral Interventions – Substance Use (CBI-SU).[ii]

The CPC-GA is designed to evaluate the extent to which correctional intervention programs adhere to evidence-based practices (EBP) including the principles of effective interventions. Data from three studies[iii] conducted by UCCI on both adult and youth programs were used to develop and validate the CPC-GA indicators. These studies produced strong correlations between outcome (i.e., recidivism) and CPC-GA scores. One independent study[iv] has confirmed that CPC- GA scores are correlated with recidivism and a body of research exists that supports the indicators on the CPC-GA.[v] To continue to align with updates in the field of offender rehabilitation, the CPC-GA was revised in 2020. Throughout this document, all references to the CPC-GA are a direct reference to the revised CPC-GA 2.0 version of the assessment tool.

The CPC-GA is divided into two basic areas: content and capacity. Capacity measures whether a program has the capability to deliver evidence-based interventions for justice involved participants. There are two domains in the capacity area: Program Staff and Support and Quality Assurance. The content area includes the Offender Assessment and Treatment Characteristics domains. This area focuses on the extent to which the program meets certain elements of the principles of effective interventions and the Treatment Characteristics domain specifically measures the program's use of core correctional practices. The CPC-GA is comprised of 49 indicators, worth up to 54 possible points. Each domain, each area, and the overall score are summed and rated as either Very High Adherence to EBP (65% to 100%); High Adherence to EBP (55% to 64%); Moderate Adherence to EBP (46% to 54%); or Low Adherence to EBP (45% or less). It should be noted that not all of the domains are given equal weight, and some items may be considered "not applicable" in the evaluation process.

The CPC-GA assessment process requires a site visit to collect various program traces. These include

but are not limited to: interviews with executive staff (e.g., program coordinator), direct service delivery staff (e.g., group facilitators, case managers), and participants; observation of direct services; and review of relevant program materials (e.g., offender files, program policies and procedures, treatment curricula, client handbook). Once the information is gathered and reviewed, the scores are calculated. When the program has met a CPC-GA indicator, it is considered a strength of the program. When the program has not met an indicator, it is considered an area in need of improvement. For each indicator in need of improvement, the evaluators construct a recommendation to assist the program's efforts to increase adherence to research and data-driven practices.

There are several limitations to the CPC-GA that should be noted. First, the instrument is based upon an "ideal" program; that is, the criteria have been developed from a large body of research and knowledge that combines the best practices from the empirical literature on "what works" in reducing recidivism. As such, it is highly unlikely that a program will score 100% on the CPC-GA. Second, as with any interpretive review process, reliability may be an issue. Although steps are taken to ensure that the information gathered is reliable and accurate, given the nature of the process, decisions about the information and data gathered are made by the assessors. Third, the process is time specific. Changes or modifications may be planned for the future or may be under consideration; however, only those activities and processes that are present at the time of the review are considered for scoring. Fourth, the process does not take into account all of the "system" issues that can affect the integrity of the program. Finally, the process does not address the reasons why certain practices do or do not take place. Rather, the process is designed to determine the overall integrity of the program.

Despite these limitations, there are a number of advantages to this process. First, it is applicable to a wide range of programs and groups. Second, the indicators included in the CPC-GA have been found to be correlated with reductions in recidivism. Third, the process provides a measure of program integrity and quality; it provides insight into the "black box" of a program, something an outcome study alone does not provide. Fourth, the results can be obtained relatively quickly; usually the site visit process takes a day, and a report is generated within two to three months. Fifth, it identifies the strengths and areas for improvement for a program, as well as specific recommendations that will bring the program closer in adherence to EBPs. Finally, it allows for benchmarking. Comparisons with other programs that have been assessed using the same criteria are provided. Since program integrity and quality can change over time, it also allows a program to reassess its adherence to EBPs.

SUMMARY OF THE PROGRAM AND SITE VISIT PROCESS

Passages ADT, located in Billings, Montana, is a 55-bed program that serves adult female residents who have committed felony offenses and are under the supervision of the Montana Department of Corrections (MDOC). The residents are housed in a secure wing of the Passages facility and the building is converted from a former hotel. The majority of the participants have a history of substance use. Also located in the same building is an Assessment, Sanction, Revocation Center (ASRC), as well as a prerelease center; however, populations between these three programs are kept separate at all times. This program was originally a 60-day program but has increased its length to 90-days. Although their primary focus is on substance use treatment, they have found that more people being referred to their program have co-occurring substance use disorders and mental health issues and are working to appropriately meet these specific needs. Referrals to this program come primarily from the MDOC's Probation and Parole Division, Passages ASRC, or from the Montana Women's Prison (MWP).

Women who enter this program typically come from the aforementioned ASRC floor conveniently located below this program, from MWP or from supervision. Referrals to the ADT program may be the result of having a court recommendation to attend this specific program or be determined from assessments to be appropriate for treatment. On the ASRC floor, a number of the screeners used to measure motivation,

drug of choice, intensity of addiction and other responsivity factors, and the results of those assessments stored in the computer system TOMS, which is utilized by the parent organization, Alternatives, as well as other private non-profits who contract with MDOC. In addition to secondary screeners, a Women's Risk and Needs Assessment (WRNA) is reviewed prior to acceptance by a designated screening committee.

Upon entering the ADT program, all participants must complete a two-week orientation phase in which staff assess each individual, develop a treatment plan and assign the groups that will be mandatory to complete their program. Groups assigned are decided based on the outcomes of the participant derived from assessments, screeners, and interviews, the WRNA, as well as the participant's input as to what they would find most useful. Residents attending MRT generally score on their WRNA in the moderate-medium range. Residents who are considered high risk may be considered for a different group, but some high-risk residents may be in the MRT group.

FINDINGS

PROGRAM STAFF AND SUPPORT

This section examines staff qualifications and training, as well as involvement of the program coordinator (i.e., the individual from the host agency responsible for overseeing implementation of the program). Effective programs have adequate oversight by the program coordinator, including selection of staff based on skills and values consistent with offender rehabilitation and use of staff meetings or some other means of direct supervision of the program. MRT facilitators should be qualified, have adequate training, and follow guidelines for ethical program delivery. Finally, the program should be supported by stakeholders.

Program Staff and Support Strengths

Ms. Jen Porter was identified as the program coordinator of Passages ADT for the purposes of this report. She has been employed by Alternatives for 10 years total and has been the supervisor of ADT for six years. Prior to her work at Alternatives, Ms. Porter worked 5.5 years in youth services and Rimrock, a private substance use disorder treatment facility. Ms. Porter has a bachelor's degree in psychology with a minor in addictions, and she is also a Licensed Addictions Counselor (LAC).

Ms. Porter is directly involved in the hiring and approval of staff at ADT. Ms. Porter is on the panel for hiring and active in selecting staff in the hiring process. Passages ADT currently has two employees who are facilitators of the MRT Group. Both group facilitators are supervised by Ms. Porter. There are weekly meetings for all staff and a separate case manager meeting where Ms. Porter is able to meet with the MRT facilitators.

The group facilitators providing MRT services have relevant and sufficient education as both have bachelor's degrees. In addition to their education, group facilitators were selected for relevant skills and values.

The program has ethical guidelines in place which are the ethical guidelines for all Alternative employees. These ethical guidelines are part of the employee handbook.

The MRT Group is supported and valued by criminal justice stakeholders, including judges/courts, Probation/Parole, DOC Evidence Based group, and MWP. These stakeholders support the group by

giving referrals for residents to attend. The Alternatives Company, who supports their staff doing MRT group.

Areas in Need of Improvement and Recommendations

Ms. Porter has multiple academic credentials as she possesses a bachelor's degree in psychology with a minor in Addictions Counseling and is an LAC. However, Ms. Porter did not complete any courses or specializations working specifically with offender/delinquent populations.

- **Recommendation:** If ADT ever would need to select another clinical director or assistant clinical director, preference should be given to candidates with at least a bachelors in a helping profession and includes at least one course specializing in corrections.

At the time of the assessment, there were two MRT facilitators. One of the facilitators had worked at Passages over nine years while the other had only worked there for four months.

- **Recommendation:** If ADT would need to select another candidate to be an MRT facilitator, preference should be given to candidates who have experience with the correctional population.

While the group facilitators did receive 40 hours of initial MRT training, the group facilitators do not receive a sufficient number of hours of ongoing training. Staff should be receiving a minimum of 40 hours per year of formal training (e.g., workshops, courses, in-service, or conferences) relevant to the program and service delivery. Examples include: training in effective interventions, assessment instruments, and core correctional practices (CCP).

- **Recommendation:** Research has shown that programs which ensure staff receive a minimum of 40 hours of ongoing training per year in areas related to service delivery see greater reductions in recidivism among offenders. Staff training should relate to program or service delivery topics, which will assist staff in working effectively with offenders. Staff training should also include a review of the principles of effective interventions, behavioral strategies, application of reinforcement (both negative and positive), group facilitation, treatment planning, risk and need factors related to criminal conduct, and the use and interpretation of assessment instruments.

ADT staff receive an annual performance evaluation relative to their position. While these evaluations do cover many areas, the evaluations do not include specific direct service delivery skills for groups.

- **Recommendation:** Each staff member facilitating MRT at ADT should receive an annual evaluation that includes a summary of direct service delivery skills from the MRT group. The current evaluation forms should be supplemented to incorporate service delivery skills such as knowledge of the treatment intervention model and effective interventions, assessment skills and interpretation of assessment results, modeling of new behaviors, behavioral reinforcements and sanctions, group facilitation skills, and the ability to build positive working relationships with the participants.

Program Staff and Support Rating: High Adherence to EBP

OFFENDER ASSESSMENT

The extent to which offenders are appropriate for the services provided and the use of proven assessment

methods are critical to effective treatment programs. Effective programs assess the risk, need, and responsivity of offenders, and then provide services and treatment accordingly. The Offender Assessment domain examines three areas regarding assessment: selection of offenders; the assessment of risk, need, and personal characteristics of the offender; and the manner in which these characteristics are assessed.

Offender Assessment Strengths

ADT uses the WRNA to measure actuarial risk for reoffending and to prioritize treatment targets. Both risk for recidivism and criminogenic needs are categorized as low, medium, or high. The WRNA also provides information about the dynamic needs of offenders related to general criminal recidivism. The WRNA also helps guide which group a resident may be placed in as higher risk offenders may be referred to a different group. Only one resident was a low risk in the MRT groups, making 95% of residents in the moderate-high risk.

Areas in Need of Improvement and Recommendations

It is important that there are exclusionary criteria for offenders being referred to the MRT program. While ADT has a preferred practice for how residents are excluded from the MRT program, they do not have a written policy entailing when and why an offender should be excluded from the program. By having criteria in place, ADT will be able to determine which offenders are not appropriate for the program.

- **Recommendation:** ADT should develop a written exclusionary criteria policy and share with all facilitators, so that they are aware of the policy and can help ensure the policy is adhered to.

Programs that are effective assess offender responsivity factors by using a validated, standardized and objective instrument to determine what factors will be targeted by the program. Although ADT assesses residents through many instruments, the results of these assessments are not directing the placement of residents into MRT programming.

- **Recommendation:** ADT should be using validated, standardized, and objective instruments to determine the dynamic needs factors of residents to guide placement of residents into programming that targets their needs. Residents who are placed in MRT group should be based on these instruments guiding the placement based on their specific needs the MRT group would target.

Responsivity tools assess the needs of a resident that might impede a resident's success in the program, such as mental health, motivation, reading level, or personality factors. Having knowledge of residents' responsivity factors can help facilitators tailor the program to the needs of a resident. Currently, ADT does use two tools in place to assess responsivity issues. However, these tools did not guide clinical or staffing decisions for the resident.

- **Recommendation:** The program should measure two or more responsivity factors (e.g., motivation, readiness to change, intelligence, maturity, reading level, mental health, depression) for all residents in the program and guide clinical or staffing decisions. These results can be used to determine who might need some motivation engagement prior to group placement or those who need accommodations for comprehension deficits.

Offender Assessment Rating: Moderate Adherence to EBP

TREATMENT

This domain of the CPC-GA is the most extensive. In addition to measuring the use of the eight CCPs, it examines the group target and process, success planning, and discharge planning. This section examines in detail the use of proven approaches to target criminogenic behaviors.

Treatment Characteristics Strengths

The primary focus of the MRT program is to reduce anti-social thoughts and improve prosocial thinking, values, and actions. The curriculum was designed to target the main criminogenic need areas. As a result, the curriculum and group process target the criminogenic needs a minimum of 80% of the time.

Multiple high-quality research studies have shown that MRT is an effective evidence-based program for reducing recidivism. The group exercises and homework are structured with interventions to assist with change in the offenders' attitudes, values, and beliefs and ultimately their behavior. Although MRT does meet the criteria for targeting criminogenic needs for 80% of the time, the group curriculum does not offer the cognitive component which the CPC-GA determines to be a best practice.

After a site-visit to the Passages ADT program, through direct observation as well as interviews with various sources including participants past and present, it was apparent the facilitators are serious about group rules and appropriately enforce the group start time. The doors for the group room are closed directly at group start time and no one is permitted to enter once the group session has begun. The end time fluctuates between 60 and 90 minutes, reportedly never to be less than the required 60 minutes. The allowance for the extra 30 minutes allows ample time for all participants to present steps when necessary.

The facilitators are knowledgeable, experienced, and skilled in the delivery of both lesson format and the content of MRT. The facilitators and the program coordinator have both been trained and certified in the delivery of MRT. The facilitators not only encourage participation from all group members, it is required. After individual presentations, all group members are asked to provide feedback so that everyone in the group is engaged in the lesson. The facilitators also ensure that individuals are working in their materials during the individual group time. Finally, if participants are not progressing in their steps, the facilitators check-in, encourage, and prompt step progress.

Homework is a routine group component—participants are required to complete their step work outside of class time. The completed homework that is related to step presentations is given to and/or reported to the facilitators at the beginning of the group.

MRT norms and group norms are established and regularly followed. Participants review and sign the group rules upon intake, and the facilitators remind the group of rules at the beginning of group, such as no cell phone use during group, be on time, and confidentiality. Furthermore, the facilitators consistently enforce the group rules.

Passages ADT program has and utilizes the manuals that ensure the MRT group operates successfully. Further, site visit evidence demonstrated that the facilitators consistently utilize and follow the MRT manual. The manual consists of readings, homework activities, and guidelines for sharing work with the other participants or the facilitator. The groups were structured with fidelity to the curriculum, and the participants were familiar with the structure of each session. The sessions are always conducted by the group facilitators. Group size ranges from 10 to12
participants.

The program facilitators have developed professional rapport with the program participants. They are friendly when connecting with the participants and use humor to engage them. Yet, they have established clear and professional boundaries. They also make a point of remembering and connecting to past discussions by the participants. During group observations, the facilitators successfully addressed sensitive personal issues of group members. The facilitators also demonstrated experience with appropriate techniques to roll with resistance, such as using redirection and extinction instead of engaging in any arguments with offenders.

The program has and the facilitators utilize a range of punishers in order to extinguish antisocial expressions and to promote behavioral change in the future by demonstrating to offenders that behavior has consequences. Punishers include verbal disapproval by the facilitator in group or privately, being asked to leave the group, not receiving credit for the group, and incident reports. The program utilizes a formal discharge plan that includes information directly related to the participants time in the MRT group.

Areas in Need of Improvement and Recommendations

Although the homework is provided to the facilitator in group after the step presentation, this only allows for minimal opportunity to review the homework to determine if it has been completed. Not taking ample time to review the homework in its entirety does not allow for structured constructive feedback to be given to the participants.

If the homework does not involve a step presentation, the participant is then asked to share her homework with the facilitator after class step presentations are completed and the facilitator decides if she should pass a step that does not require a class presentation.

- **Recommendation:** It is recommended the facilitator either take the workbook from the participants after group to review the completed work and provide constructive feedback on each step prior to returning the workbook to the participants. This will give enough time to provide written structured constructive feedback to the participant on the work she has completed throughout the step process.

Length of time in the program is not sufficient to affect the target behavior of improving the cognitive patterns of the offenders. Offenders attend groups twice a week for 60 to 90 minute sessions, depending on time utilized during individual step presentations. An offender could move through the steps progressively during each group session which could allow for the group to be completed in approximately 8 weeks. This does not provide sufficient time to effectively treat the target behaviors by improving the cognitive patterns.

- **Recommendation:** It is recommended for the participants to have as many as 26 to 30 sessions in order to provide sufficient treatment to positively affect the target behaviors the group is directed towards. Due to the MRT Curriculum having 13 steps to be completed prior to termination of the group, in order to have had the opportunity to participate in 26 sessions it is imperative the facilitator not allow participants to complete more than one step per week.

Effective programs attempt to address different learning styles, comprehension levels, motivation, mental health, and other barriers to learning material presented in the group. There was some evidence that the facilitators addressed responsivity factors such as comprehension issues by meeting participants before and after the group to work one-on-one with them.

However, in order to be able to best address responsivity factors, all participants must be assessed utilizing a validated, standardized, and objective instrument. Since formal responsivity assessments are

not being utilized consistently, the program is unable to deliver services in a manner that is sensitive to those factors.

- **Recommendation:** Please refer to the recommendations regarding responsivity assessments in the Offender Assessment domain above. Once responsivity assessments are adopted (e.g., ones related to motivation, learning ability, IQ, mental health, trauma), results should be used to help individualize facilitator interaction style to help mitigate the participants' possible barriers.

Although, the MRT Curriculum recognizes minimal reinforcers by utilizing by sharing applause when an individual step is completed and passed, as well as a certificate of completion when all of the necessary steps have been passed. Best practices state the use of reinforcers are to be linked with the behavior chain process.

- **Recommendation**: The recommendation is to utilize the behavior chain process when providing reinforcers for the appropriate prosocial behavior which has been presented. Please see below the steps for effective reinforcement.

  Steps for effective reinforcement are:
  - Identify the behavior to be reinforced.
  - Immediately tell the person what behavior you liked.
  - Tell the person why you liked the behavior.
  - Have the person articulate the short and long-term benefits of the behavior.
  - Consider pairing the approval with a tangible reinforcer in the case of targeting a significant positive behavior.

As noted above, the program and the facilitators administer appropriate punishers. They usually immediately follow the behavior, which is most effective for increasing or decreasing future use of the behavior. However, staff are inconsistent in following other key tenets of behavior management. To illustrate, the use of consistent explanations for rewards and sanctions where facilitators explicitly tie the reward or sanction to the behavior could be improved. The CPC-GA recommendations regarding a behavior management system are designed to help the program fully use a cognitive-behavioral model.

- **Recommendation:** The facilitators should always explain why a reward or sanction was received (e.g., because you answered a non-emergency phone call in class, you lose credit for this session). When rewarding, the facilitators should also explain how the reinforced behavior could transfer to prosocial behavior in the community by discussing the short- and long-term benefits of continuing that behavior.

  Steps for effective punishment are:
  - Identify the behavior to be punished.
  - Immediately tell the person what behavior you disliked.
  - Tell the person why you disliked the behavior.
  - Have the person articulate the short- and long-term consequences of the behavior.
  - Discuss and/or model an alternative prosocial behavior.
  - Consider pairing the disapproval with a sanction.

- **Recommendation:** In addition, the facilitator should be able to recognize and address appropriately with potential negative effects of punishment. These include whether the punishment produces emotional reactions, produces avoidance/aggression towards the punisher

or program, leads to increased future use of the unwanted behavior by the offender, or produces response substitution.

- **Recommendation:** Prosocial alternatives should be offered after a negative consequence has been administered so that the offender is taught an alternative to the undesired behavior. To illustrate, the facilitator might demonstrate an appropriate coping response to a problem or issue, and then have the offender practice how that behavior may have been handled differently. This may be utilized with behavior exhibited in group or with behaviors discussed in the homework activities.

MRT does borrow from cognitive-behavioral theory; however, MRT also combines elements from other psychological theories, including Erikson and Loevinger's ego development, Maslow's hierarchy of needs, Kohlberg and Piaget's moral development theories, as well as work from Carl Jung. The primary goal of MRT is to increase the moral development of offenders. MRT does not focus on specific cognitive restructuring or interpersonal skill development as part of the curriculum. Antisocial cognitions are targeted via increasing moral maturity rather than teaching offenders how to recognize and restructure antisocial thoughts and belief systems. While the MRT curriculum discusses thoughts and values in general, offenders do not regularly identify their own personal thoughts and values.

Consequently, the curriculum is not robust in teaching offenders to replace antisocial thinking with appropriate prosocial thoughts. While the facilitators naturally do this independently on occasion, the frequency and consistency could be improved. Similarly, the curriculum does not incorporate any skill building.

Given the clear support for cognitive-behavioral interventions in corrections, more of these CBT based strategies should be incorporated into the group itself, or in additional sessions that would complement the MRT steps. The treatment should incorporate both cognitive restructuring and prosocial skill training with corrective feedback. Offenders should regularly practice alternative thinking and behaviors to high-risk situations and structured corrective feedback should be given by other participants and the facilitator.

- **Recommendation:** Offenders should identify risky thinking and the underlying attitudes, values, and beliefs that support such risky thinking. Techniques include the use of thinking reports, functional analysis, cost- benefit analysis, or other appropriate techniques to help offenders recognize distorted/antisocial thinking. The facilitator could consistently work with each offender to confront antisocial thoughts and values. In addition, offenders should be taught how to replace antisocial thinking with appropriate prosocial thoughts. The facilitator could regularly work with the offenders to identify the risk and consequences of antisocial thoughts and values and then to replace them with prosocial thoughts and values.

- **Recommendation:** Concerning new skills and concepts, the basic approach to teaching participants new skills and concepts includes:

  - The facilitator defines and sells the skill/concept.
  - The facilitator models the skill to be learned.
  - The offender rehearses (or role plays) the correct use of the skill to a personally risky situation.
  - The facilitator and participants provide corrective feedback.
  - The offender practices the skill in increasingly difficult situations.

- **Recommendation:** Rehearsal should also include graduated practice of skills in increasingly difficult situations so that the offenders' practice is as "real-life" as possible. Homework should involve graduated practice of the skills being taught with the expectation that the offenders will report back progress the following session.

- **Recommendation:** MRT is an evidence-based curriculum and should continue to be delivered with fidelity to the curriculum. However, a new process of cognitive restructuring and skill building should be added to the treatment plan of the offenders. For example, participants can work with their probation officers to learn the process of cognitive restructuring and skill building or may be referred to a separate group such as Thinking for a Change. Passages ADT should provide any helpful information concerning this area to the probation officer so the officer can ensure these elements are delivered at some point during supervision.

An important element of long-term behavioral change is the identification of high-risk situations, the participants' prosocial thinking and behaviors during those high-risk situations, and practicing those new thinking and behaviors. The program does not include the development and practice of success plans.

- **Recommendation:** Some of the group sessions should be devoted to developing success plans, and participants should routinely plan and rehearse the plans and relapse prevention techniques. Plans should be individualized and include strategies and scripts for responding to risky situations, people, and places. Given that MRT is a set curriculum, we recommend adding these to the end of MRT, after someone has passed their steps.

Although, the program has developed clear criteria for program completion. Each offender must thoroughly complete each step in the MRT curriculum as determined by the facilitator. The completion is determined by completing homework activities, participating in groups, and sharing work with the group and the facilitator. Incomplete work must be redone in order to pass that step. Passing each step indicates that the offender has demonstrated the skills and behaviors taught in the curriculum. This does not allow for utilization of behavioral assessment instruments, a checklist of behavioral/attitudinal criteria and/or the acquisition of target behaviors that were taught in MRT.

- **Recommendation:** It is recommended the use of behavioral assessments to ensure the completion of MRT group is directly related to progress in acquiring prosocial behaviors, attitudes, and beliefs while in the program. This will include the acquisition of new knowledge and skills.

Treatment Characteristics Rating: High Adherence to EBP

QUALITY ASSURANCE

This CPC-GA domain centers on the quality assurance and evaluation processes used to monitor how well the program is functioning. Effective programs should include regular group observation and feedback. Offender input should be solicited via satisfaction surveys, and pre/post testing should be used to measure offender change.

Strengths:

Passages ADT has a participant satisfaction survey for the program which has been utilized in the past to make changes to the program directly related to the suggestions of the participants.

Areas in Need of Improvement and Recommendations

Offenders are not given a pre-test when they start the MRT program. Nor are they given a post-test to determine if prosocial skills being taught throughout the group are acquired by the participants.

- **Recommendation:** It is recommended all treatment groups adopt a pre/post-test to measure the change in the target behaviors. Passages ADT has not developed a thorough and suitable Group Session Observation Report to be utilized to provide appropriate feedback to facilitators as well as ensure quality of the groups provided.

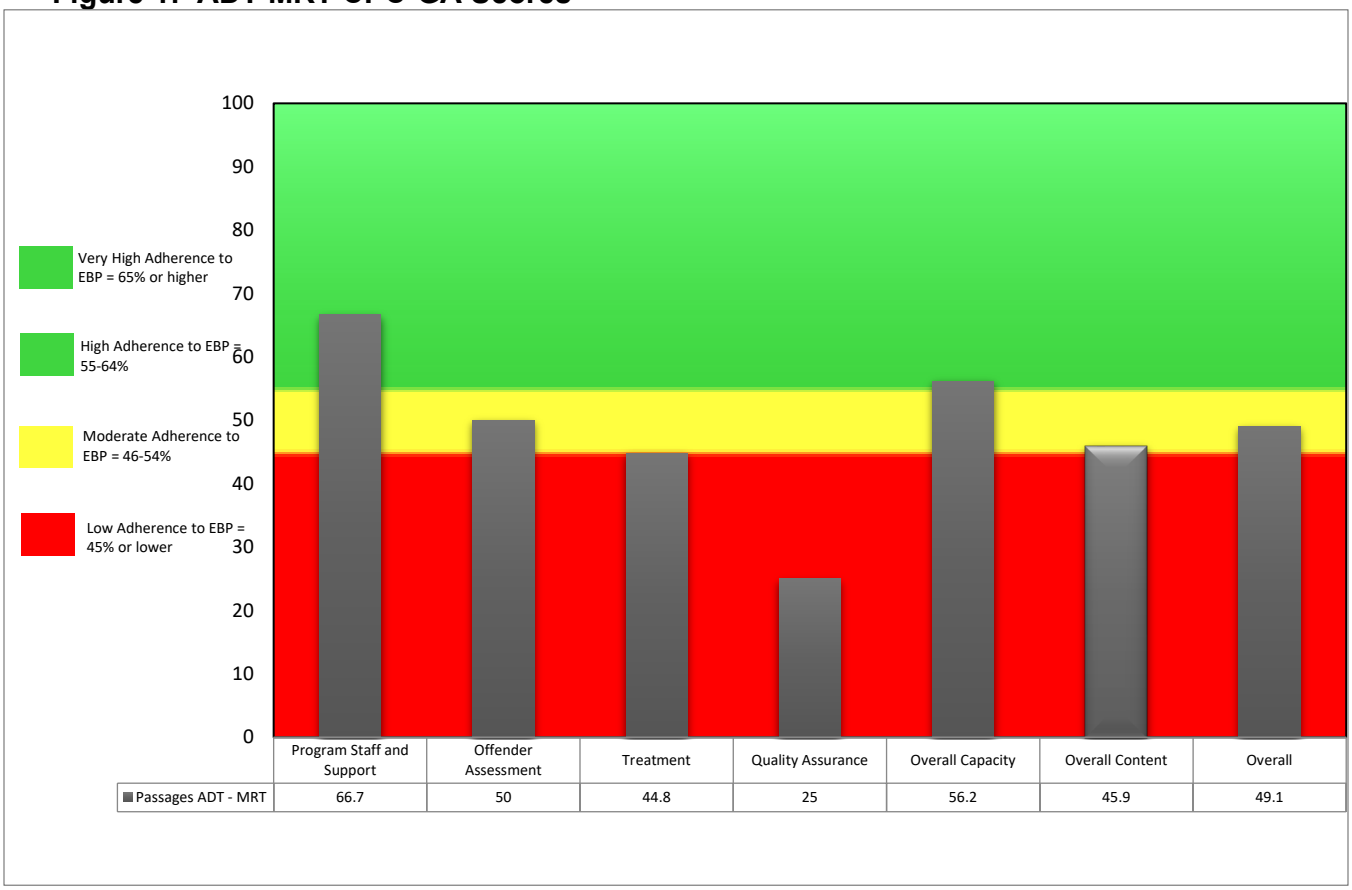
- **Recommendation:** The client surveys should be completed by all offenders, and the results should be reviewed and discussed with facilitators. The results can serve to reinforce the positives from the group and to educate on areas needing improvement. Client surveys, even when confidential, can be a tool to identify the strengths and weaknesses of a provider to help plan future groups and positively influence facilitation practices.

The program coordinator should play a more active role in developing the skills of staff in their roles as group facilitators.

- **Recommendation:** The program coordinator should observe staff delivering group and provide feedback and coaching to staff that will improve service delivery. Each facilitator should be observed once per group cycle or quarterly if group has no defined cycle. Observations should rotate between the groups, as well as between different days, to ensure that all groups are observed on a rotating basis. Additional and more frequent coaching and practice will develop facilitator skills and ability to manage and conduct groups, as well as ensure the fidelity with which they apply curricula and evidence-based models.

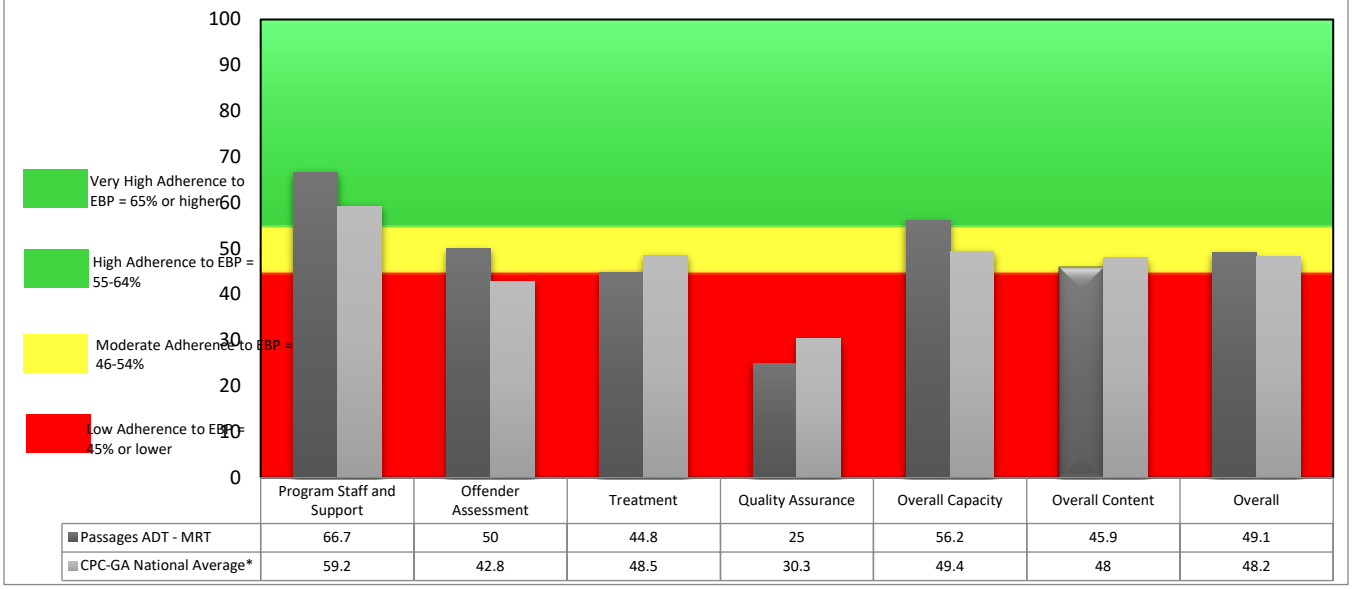
Quality Assurance Rating: Low Adherence to EBP

Figure 1: ADT MRT CPC-GA Scores



	Program Staff and Support	Offender Assessment	Treatment	Quality Assurance	Overall Capacity	Overall Content	Overall
Passages ADT - MRT	66.7	50	44.8	25	56.2	45.9	49.1

Figure 2: ADT MRT CPC-GA Scores vs. National Average



	Program Staff and Support	Offender Assessment	Treatment	Quality Assurance	Overall Capacity	Overall Content	Overall
Passages ADT - MRT	66.7	50	44.8	25	56.2	45.9	49.1
CPC-GA National Average*	59.2	42.8	48.5	30.3	49.4	48	48.2

CONCLUSION

Recommendations have been made in each of the four CPC-GA domains. These recommendations should assist Passages ADT with making necessary changes to increase program effectiveness. Certainly, care should be taken not to attempt to address all “areas needing improvement” at once. Programs that find the assessment process most useful are those that prioritize need areas and develop action plans to systematically address such needs. Once the program has had sufficient time to implement changes, it is often helpful to have the program re-assessed to determine whether the program has been successful at implementing the recommended changes. MDOC is available to work closely with the program to assist with action planning and to provide technical assistance in these areas and all other areas, as needed. Evaluators note that program staff are open and willing to take steps toward increasing the use of evidence-based practices within the program. This motivation will no doubt help this program implement the changes necessary to bring it further into alignment with effective correctional programming.

REFERENCES

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M. Braswell & D. Lester (Eds.), Correctional Counseling and Rehabilitation (Fifth edition). Cincinnati, OH: Anderson Publishing.

i In the past, UCCI has been referred to as the University of Cincinnati (UC), UC School of Criminal Justice, or the UC Center for Criminal Justice Research (CCJR). We now use the UCCI designation.
ii Programs that do not fit this description should be assessed with the Evidence-Based Correctional Program Checklist (CPC).
iii A large component of this research involved the identification of program characteristics that were correlated with recidivism outcomes. References include:
1. Lowenkamp, C. T., & Latessa, E. J. (2002). Evaluation of Ohio's community-based correctional facilities and halfway house programs: Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
2. Lowenkamp, C. T., & Latessa, E. J. (2005a). Evaluation of Ohio's CCA funded programs. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
3. Lowenkamp, C. T., & Latessa, E. J. (2005b). Evaluation of Ohio's RECLAIM funded programs, community corrections facilities, and DYS facilities. Final report. Cincinnati, OH: University of Cincinnati, Center for Criminal Justice Research, Division of Criminal Justice.
iv Husky & Associates. (2012). Recidivism Study of the Santa Clara County Department of Correction's Inmate Programs Final Report.
v Upon request, UCCI can provide the CPC-GA 2.0 Item Reference List which outlines the UCCI and independent research that supports the indicators on the CPC-GA.